

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/594986</i>	FILING DATE	
							APPLICANT(S)		
<div style="display: flex; justify-content: space-between;"> <i>8/22/07</i> CLAIMS </div>									
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1			1						
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TOTAL IND.		↓	3	↓		↓			
TOTAL DEP.		←	63	←		←			
TOTAL CLAIMS			66						
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									